https://apps.nassaucountyny.gov/recoveryfund/

BOARD OF DIRECTORS **Rev. Kevin M. Smith**Committee Chair, Executive Director

THE NASSAU COUNTY HURRICANE RECOVERY FUND, INC

Members Rev. Joseph D'Angelo Rev. Gerard Gordon Bishop Robert Harris		Applicant La		First Name			
		Pre-Disaster Address			Apt		
					Zip		
	aham Lefkowitz						
Rabbi Barry Dov Schwartz		Post-Disaster Address Town Phone: ()				Apt	
		Town				Zip	
Nassau County Executive Edward P. Mangano Honorary Chairperson		Phone: ()	Ema	ail		
		Marital Statu	ıs	DO	B:		
		Other household				DOB	
						/ /	
						' 	
							
NARRA	TIVE OF APPI	LICANTS NEEDS:					
1.	Is anyone in the	household employe	ed?				
NameFTPT Employer							
	Name		FT_	_PT Employe	r		
2.	Average Month	ly Household Incon	1e				
3.	Housing Info	Нотосилон	Danton				
3. 4.	Incurance: Non	Homeownere Homeowner	Flood	Contents	NI/A		
5.	Insurance Clair	n(s) been denied?	1 100 u	Contents N/A		_	
6.	Insurance navo	uts received? (Amo	unt if ves)	1V/A			
7.	Insurance Claim(s) been denied? N/A Insurance payouts received? (Amount, if yes) N/A Received reimbursement/assistance from FEMA or any other programs? (Amount, if yes)						
7.	Acceived Telling	ective remibursement/assistance from religion any other programs. (Amount, if yes)					
8.	How were you i	How were you impacted by the disaster? (brief description-can continue on back)					
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-							
I,	and assumets		, certify th	at to the best of i	my knowledg	ge, the above information is	
complet	e and accurate.						
Signature of Applicant:					Dat	·••	

DEADLINE FOR SUBMISSION OF APPLICATION IS APRIL 30, 2013

a. An application has been filed, but not yet acted upon, for recognition exemption under section 501(c) (3) of the Internal Revenue Code. Donors will receive acknowledgment for tax deduction purposes upon approval of the application. Although it is not expected, should the application be denied, all donors will be notified.